## APPEAL NO. 041029 FILED JUNE 10, 2004

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing was held on March 17, 2004. The hearing officer determined that the appellant's (claimant) \_\_\_\_\_\_, compensable injury does not extend to include the cervical spine disc disease or bilateral carpal tunnel syndrome in addition to the head contusion and neck strain, and that the claimant did not have disability after June 6, 2003.

The claimant appeals, contending that the hearing officer erred in finding against him on the disputed issues, citing the reports of several doctors who support his position on the issues. The respondent (self-insured) responds, urging affirmance.

## **DECISION**

Affirmed.

The claimant, an aircraft technician, sustained a compensable injury on \_\_\_\_\_\_, when a metal cabinet door, on a cabinet he was moving, struck him in the back of his head. The self-insured accepted a head contusion and neck strain. The claimant has been receiving chiropractic care for over a year for these injuries. A referral doctor also believes that the additional claimed injuries (including aggravation of preexisting degenerative disc disease) were the result of the compensable injury. A Texas Workers' Compensation Commission required medical examination (RME) doctor and another self-insured RME doctor have contrary opinions. The claimant had either worked or been paid temporary income benefits through June 5, 2003, and disability is dependent on the claimed extent of injuries.

As the claimant's attorney stated in closing "this is a case of dueling doctors." There was conflicting evidence presented on the disputed issues. As we have frequently noted, the 1989 Act makes the hearing officer the sole judge of the weight and credibility to be given to the evidence. Section 410.165(a). As the fact finder, the hearing officer was charged with the responsibility of resolving the conflicts and inconsistencies in the evidence and deciding what facts the evidence had established. This is equally true of medical evidence. Texas Employers Insurance Association v. Campos, 666 S.W.2d 286 (Tex. App.-Houston [14th Dist.] 1984, no writ). The factors emphasized by the claimant in challenging those determinations on appeal are the same factors he emphasized at the hearing. The significance, if any, of those factors was a matter for the hearing officer in resolving the issues before her. The hearing officer was acting within her province as the fact finder in resolving the conflicts and inconsistencies in the evidence against the claimant. Nothing in our review of the record reveals that the challenged determinations are so against the great weight of the evidence as to be clearly wrong or manifestly unjust. Accordingly, no sound basis exists for us to disturb those determinations on appeal.

The hearing officer's decision and order are affirmed.

According to information provided by the carrier, the true corporate name of the insurance carrier is (a certified self-insured) and the name and address of its registered agent for service of process is

TH (ADDRESS) (CITY), TEXAS (ZIP CODE).

	Thomas A. Knapp Appeals Judge
CONCUR:	
Robert W. Potts Appeals Judge	
Margaret L. Turner	
Appeals Judge	